



Credit Card Authorization Payment Form

CITY OF SAN BRUNO
COMMUNITY DEVELOPMENT DEPARTMENT



I authorize the City of San Bruno to my MasterCard or Visa account as indicated below:

☐ Business Tax Certificate- specified amount: _____

☐ Permit Fees - specified amount: _____

Permit Number: _____

Permit Address: _____

Customer/ Business Name

Cardholder Name

Cardholder Billing Address

City

State

Zip

Account# (Visa or Mastercard ONLY)

Expiration Date (month/year)

Cardholder Signature

Date

Cardholder daytime phone number

Please return completed and signed authorization form to:

Fax: (650) 873-6749

Or by mail:

San Bruno Community Development Department
567 El Camino Real
San Bruno, CA 94066
Phone: (650) 616-7074